

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091976249
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51				/		
2				/			52				/		
3				/			53				/		
4			/				54				/		
5				/			55				/		
6				/			56				/		
7				/			57				/		
8				/			58				/		
9				/			59				/		
10				/			60				/		
11				/			61				/		
12			/				62				/		
13				/			63				/		
14			/	/			64				/		
15				/			65				/		
16				/			66				/		
17			/				67				/		
18				/			68				/		
19				/			69				/		
20			/				70				/		
21				/			71				/		
22				/			72				/		
23			/				73				/		
24				/			74				/		
25				/			75				/		
26			/				76				/		
27				/			77				/		
28				/			78				/		
29				/			79				/		
30				/			80				/		
31				/			81				/		
32				/			82				/		
33				/			83				/		
34				/			84				/		
35				/			85				/		
36				/			86				/		
37				/			87				/		
38				/			88				/		
39			/				89				/		
40			/				90				/		
41			/				91				/		
42			/				92				/		
43				/			93				/		
44				/			94				/		
45				/			95				/		
46				/			96				/		
47				/			97				/		
48				/			98				/		
49				/			99				/		
50				/			100				/		
TOTAL IND.							TOTAL IND.			12			
TOTAL DEP.							TOTAL DEP.			61			
TOTAL CLAIMS							TOTAL CLAIMS			73			